

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
FORM C/OH - FR

The Instruction Guide explains how to complete this form.

\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

2001 DEC 21 A 9:45

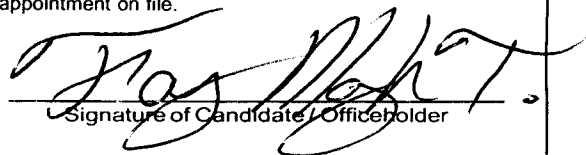
1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

Fanny Mayahuel-Thomas

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

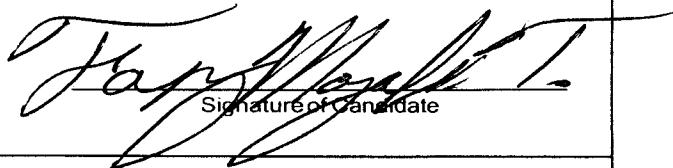
\*\* Complete A &amp; B below only if you are a candidate \*\*

**A. CAMPAIGN FUNDS**

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.**B. ASSETS**

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  
Signature of Candidate**5 OFFICEHOLDER**

\*\* Complete this section only if you are an officeholder \*\*

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.\_\_\_\_\_  
Signature of Officeholder

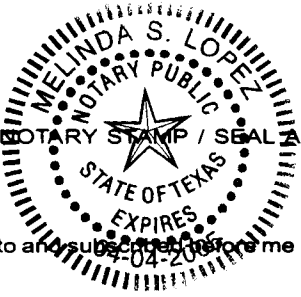


# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

<b>1</b> ACCOUNT # _____	<b>2</b> Total pages filed: <u>2 of 3 including finance</u>												
<b>3</b> <u>CANDIDATE /</u> OFFICEHOLDER NAME	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">TITLE <u>Ms</u></td> <td style="width: 33%;">FIRST <u>Fanny</u></td> <td style="width: 33%;">MI _____</td> </tr> <tr> <td>NICKNAME _____</td> <td>LAST <u>Mayahuel-Thomas</u></td> <td>SUFFIX _____</td> </tr> </table>	TITLE <u>Ms</u>	FIRST <u>Fanny</u>	MI _____	NICKNAME _____	LAST <u>Mayahuel-Thomas</u>	SUFFIX _____						
TITLE <u>Ms</u>	FIRST <u>Fanny</u>	MI _____											
NICKNAME _____	LAST <u>Mayahuel-Thomas</u>	SUFFIX _____											
<b>4</b> ORIGINAL REPORT TYPE <u>Finance</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input checked="" type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Final report	
<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____											
<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit												
<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)												
<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Final report												
<b>5</b> ORIGINAL PERIOD COVERED <u>1-01 to 1-02</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           Month Day Year  <u>4 / 2 / 01</u> THROUGH <u>1 / 19 02</u> </td> <td style="width: 50%;"> <b>OFFICE USE ONLY</b>            Date Received _____            Date Hand-delivered or Date Postmarked _____            Receipt # _____ Amount _____            Legal _____ Totals _____            Date Processed _____            Date Imaged _____         </td> </tr> </table>	Month Day Year <u>4 / 2 / 01</u> THROUGH <u>1 / 19 02</u>	<b>OFFICE USE ONLY</b> Date Received _____ Date Hand-delivered or Date Postmarked _____ Receipt # _____ Amount _____ Legal _____ Totals _____ Date Processed _____ Date Imaged _____										
Month Day Year <u>4 / 2 / 01</u> THROUGH <u>1 / 19 02</u>	<b>OFFICE USE ONLY</b> Date Received _____ Date Hand-delivered or Date Postmarked _____ Receipt # _____ Amount _____ Legal _____ Totals _____ Date Processed _____ Date Imaged _____												
<b>6</b> EXPLANATION OF CORRECTION <u>incomplete</u>	<u>did not include page #1, #2</u>												

<b>7</b> AFFIDAVIT  <div style="text-align: center;">  </div> <p style="text-align: center;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by <u>Fanny Mayahuel Thomas</u> this the <u>10th</u> day of <u>January</u>, 20<u>02</u>.</p> <p>to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between;"> <div> <u>Melinda S. Lopez</u>            Signature of officer administering oath         </div> <div> <u>Melinda S. Lopez</u>            Printed name of officer administering oath         </div> <div> <u>Notary</u>            Title of officer administering oath         </div> </div>	<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p> <p style="text-align: center;"> <u>Fanny Mayahuel-Thomas</u>            Signature of Candidate or Officeholder  <u>Fanny Mayahuel-Thomas</u> </p>
--	---

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**





# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE

FIRST

MI

Ms  
NICKNAME

Tommy  
LAST

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

9314 Kenton Hill S.A. - 78240

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE

FIRST

MI

Mrs  
NICKNAME

Beni  
LAST

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

922 Lee Hall S.A. TX 78201

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 735-1947

8 REPORT TYPE

Final

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

4/02/01

1/10/02

10 ELECTION

ELECTION DATE

Month

Day

Year

5/5/01

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

none

12 OFFICE SOUGHT (if known)

Mayor

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

None

Address / PO Box: Apt / Suite #: City: State: Zip Code

☐ additional pages

Not aware of any

GO TO PAGE 2



# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

*Fanny Mayakuel Thomas*

15 ACCOUNT # (Ethics Commission Rate)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY



Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

0

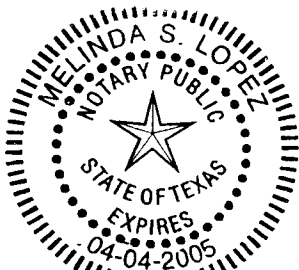
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Fanny Mayakuel Thomas*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Fanny Mayakuel Thomas, this the 10th day of January, 2002, to certify which, witness my hand and seal of office.

*Melinda S. Lopez*  
Signature of officer administering oath

*Melinda S. Lopez*  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath



# **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

*Fanny Mayahuel-Thomas*

**2 ACCOUNT # (Ethics Commission files)**
**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*F. Mayahuel-Thomas*  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A & B below only if you are a candidate --

**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*F. Mayahuel-Thomas*  
Signature of Candidate

**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder





# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Miss Fanny  
NICKNAME LAST SUFFIX  
Mayahuel-Thomas

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

9314 Kenton Hill  
S. A. TX 78240

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
B. L  
NICKNAME LAST SUFFIX  
Bailes

Receipt #

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

9222 Lee Hall  
S. A. TX 78240

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 735-1947

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 6th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
1 / 1 / 01 4 / 1 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
5 / 5 / 01 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

N/A

12 OFFICE SOUGHT (if known)

Mayor

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

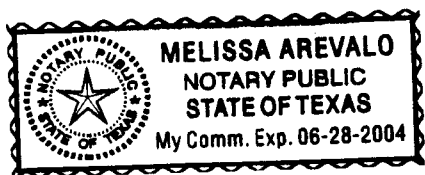


# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Fanny Mayahuel Thomas</i>		15 ACCOUNT # (Ethics Commission files)									
16 NOTICE FROM POLITICAL COMMITTEE(S)		<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p> <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
17 NO REPORTABLE ACTIVITY		<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)									
18 CONTRIBUTION TOTALS		1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 1,000.00									
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,000.00									
EXPENDITURE TOTALS		3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ —									
		4. TOTAL POLITICAL EXPENDITURES \$ 1,600.00									
OUTSTANDING LOAN TOTALS		5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ —									

## 19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Fanny Mayahuel Thomas*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Fanny Mayahuel-Thomas, this the 5th day of April, 20 01, to certify which, witness my hand and seal of office.

*Melissa Arevalo*  
Signature of officer administering oath

Melissa Arevalo  
Printed name of officer administering oath

Notary  
Title of officer administering oath





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Fanny Mayndel Thomas</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Horison Services</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>\$1,000</i>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.





**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule B1:	
2 FILER NAME				3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒					\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:			8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;   City;   State;   Zip Code					
10 Principal occupation (optional)			11 Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;   City;   State;   Zip Code					
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;   City;   State;   Zip Code					
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;   City;   State;   Zip Code					
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;   City;   State;   Zip Code					
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;   City;   State;   Zip Code					
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:			Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;   City;   State;   Zip Code					
Principal occupation (optional)			Employer (optional)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.





**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a financial institution?

Y

N

**8** Lender address;   City;   State;   Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address;   City;   State;   Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address;   City;   State;   Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address;   City;   State;   Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

6

Amount  
(\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

*Fanny Maynard Thomas*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

*Alied*

6 Payee address; City; State; Zip Code

8 Amount (\$)

*53.70*

7 Purpose of expenditure (See instructions regarding type of information required.)

*Signs*

☒ Reimbursement from political contributions intended

Date

Payee name

*Home Depot*

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

*Signs*

☒ Reimbursement from political contributions intended

Date

Payee name

*Postal Service*

Payee address; City; State; Zip Code

Amount (\$)

*23.54*

Purpose of expenditure (See instructions regarding type of information required.)

*stamps*

☒ Reimbursement from political contributions intended

Date

Payee name

*W. Chambers of Commerce*

Payee address; City; State; Zip Code

Amount (\$)

*20.00*

Purpose of expenditure (See instructions regarding type of information required.)

*Lunch*

☒ Reimbursement from political contributions intended

Date

Payee name

*Kincos*

Payee address; City; State; Zip Code

Amount (\$)

*100.00*

Purpose of expenditure (See instructions regarding type of information required.)

*Advertisements*

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

*AT&T*

*cell for campaign*

*250.00*



# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount  
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**





# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount  
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED





**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	<b>6</b> Payor address; City; State; Zip Code	
	<b>7</b> Reason for credit	
<b>Date</b>	<b>Payor name</b> <b>Payor address; City; State; Zip Code</b> <b>Reason for credit</b>	<b>Amount (\$)</b>
<b>Date</b>	<b>Payor name</b> <b>Payor address; City; State; Zip Code</b> <b>Reason for credit</b>	<b>Amount (\$)</b>
<b>Date</b>	<b>Payor name</b> <b>Payor address; City; State; Zip Code</b> <b>Reason for credit</b>	<b>Amount (\$)</b>
<b>Date</b>	<b>Payor name</b> <b>Payor address; City; State; Zip Code</b> <b>Reason for credit</b>	<b>Amount (\$)</b>

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**